



CAPCA
Chesapeake Area Professional Captains Association
1009 Bay Ridge Ave, PMB 156
Annapolis, MD 21403
410-267-7651
www.capca.net

Application for Membership

Name: First _____ Last _____

Address: _____

City _____ State _____ Zip _____ + _____

Phone _____ Work _____ Cell _____

E-mail _____ Date of Birth _____

Online Account Information: Username: _____

Password: _____ (Six or more Alphanumeric Characters)

Do you use your License in your work? Yes _____ No _____ Other occupation _____

Boat: Name _____ Make _____ Model _____ Length _____

Power/Sail _____ Homeports _____

License Data: (Check appropriate items)

Master _____ Mate _____ OUPV _____ Inland _____ Near Coastal _____ Tonnage _____

Aux Sail _____ Assistance Towing _____ Fishing Guide _____

License No. _____ Issue # _____ Expiration Date: _____

Experience/Desired Training: (Circle all that apply)

Suggested Topics: Boat Wright/Carpentry, Boat Handling, Marlinspike Seamanship, Navigation, Piloting, Medical/CPR, Legal, Maintenance/Repairs – Hull, Engine, Electronics, Fiberglass, Welding

List special skills such as experience in accounting, Computers, Desktop Publishing, Secretarial, Sales etc,

Comments: _____

What committee(s) would you be willing to work on? Programs _____ Publicity _____ Membership _____

Continuing Education _____ Newsletter _____ Ships Store _____ Webmaster _____ Public Service _____

Comments: _____

*Membership in CAPCA indicates a member's commitment to adhere to CAPCA's Statement of Ethics and behave professionally at all times. I hereby apply for membership in CAPCA and certify that the **attached** is a true copy of my license. I am enclosing the initial membership fee of **\$75**.*

Signature

Date